


Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

<p>Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>				<h1>Notification of Regulated Waste Activity</h1>		<p>Date Received (For Official Use Only)</p>	
United States Environmental Protection Agency							
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)							
<input checked="" type="checkbox"/> A. First Notification		<input type="checkbox"/> B. Subsequent Notification (Complete Item C)		C. Installation's EPA ID Number			
				ILR000032565			
II. Name of Installation (Include company and specific site name)							
COONLEY							
III. Location of Installation (Physical address not P.O. Box or Route Number)							
Street							
4046 N LEAVITT							
Street (Continued)							
City or Town						State	Zip Code
CHICAGO						IL	60618-
County Code		County Name					
031		COOK					
IV. Installation Mailing Address (See Instructions)							
Street or P.O. Box							
SAME							
City or Town						State	Zip Code
							-
V. Installation Contact (Person to be contacted regarding waste activities at site)							
Name (Last)				(First)			
RUYACK				EDWARD			
Job Title				Phone Number (Area Code and Number)			
PRINCIPAL				773-534-5140			
VI. Installation Contact Address (See Instructions)							
A. Contract Address Location Mailing Other		B. Street or P.O. Box					
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
City or Town						State	Zip Code
							-
VII. Ownership (See Instructions)							
A. Name of Installation's Legal Owner							
CHICAGO PUBLIC SCHOOLS							
Street, P.O. Box, or Route Number							
1819 W PERSHING ROAD							
City or Town						State	Zip Code
CHICAGO						IL	60609-
Phone Number (Area Code and Number)				B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)	
773-535-7039				M	M	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Month Day Year	

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ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
 - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
 - ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
 - ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
 - ☐ a. For own waste only
 - ☐ b. For commercial purposes
- Mode of Transportation
 - ☐ 1. Air
 - ☐ 2. Rail
 - ☒ 3. Highway
 - ☐ 4. Water
 - ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.
4. Hazardous Waste Fuel
 - ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketers
 - ☐ c. Boiler and/or Industrial Furnace
 - ☐ 1. Smelter Deferral
 - ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
 - ☐ 1. Utility Boiler
 - ☐ 2. Industrial Boiler
 - ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
 - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
 - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
 - ☐ a. Utility Boiler
 - ☐ b. Industrial Boiler
 - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
 - ☐ a. Transporter
 - ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
 - ☐ a. Process
 - ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 D008	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Carol Weir

Name and Official Title (Type or print)

DIRECTOR / REG. COMPLIANCE

Date Signed

12/18/96

XI. Comments

SHOULD BE CLASSIFIED AS GENERATOR ONLY

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

1/6/97
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